

FOR DEPARTMENT USE ONLY				
Date Received	Fee Enclosed	Approved?	Date Approved	Expiration Date
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		



STATE OF CALIFORNIA
DEPARTMENT OF FISH AND GAME



**REQUEST TO EXTEND
LAKE OR STREAMBED ALTERATION AGREEMENT**

Complete EACH field and attach additional pages if necessary. Please refer to the fee schedule and submit the correct fee with extension request.

1. APPLICANT REQUESTING EXTENSION

If the applicant is a business, agency, or utility, please include the name of the applicant's representative, who should be an employee of the applicant.

Name			
Business/Agency			
Street Address			
City, State, Zip			
Telephone		Fax	
Email			

2. PROJECT INFORMATION

Agreement number	
Original expiration date	
New expiration date requested	

Specify: 1) the work that has been completed; 2) the work that needs to be completed; and 3) the amount of time needed to complete the work.

☐ Continued on additional page(s)

REQUEST TO EXTEND LAKE OR STREAMBED ALTERATION AGREEMENT

2. PROJECT INFORMATION, continued.

Specify the reason(s) for the extension request

☐ Continued on additional page(s)

Note: The Department may not process this extension request until the extension fee has been received.

3. SIGNATURE

I hereby certify that to the best of my knowledge the information in this extension request ("request") is true and correct and that I am authorized to sign this request as, or on behalf of, the applicant. I understand that if any information in this request is found to be untrue or incorrect, the Department may suspend processing this request. I understand also that if any information in this request is found to be untrue or incorrect, I and/or the applicant may be subject to civil or criminal prosecution.

Signature of Applicant or Applicant's Authorized Representative

Date

Print Name

Note: If approved, a copy of this form must be available at the work site with the original agreement.